

Service Hour Record

Name: _____ Grade: _____ Quarter: _____

Date of Service	Service Performed	Service Category (Check one)	Number of Hours
		<input type="checkbox"/> Home <input type="checkbox"/> School/Church <input type="checkbox"/> Other	
		<input type="checkbox"/> Home <input type="checkbox"/> School/Church <input type="checkbox"/> Other	
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		<input type="checkbox"/> Home <input type="checkbox"/> School/Church <input type="checkbox"/> Other	

I certify that the above is an accurate documentation of my service hours.

Student Signature: _____ Date: _____

I certify that the above is an accurate representation of the service hours performed by my son/daughter.

Parent Signature: _____ Date: _____